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PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V50480** **(5)**

1. Corporation Name
HOOTERS OF SCHAUMBURG, INC.

Principal Place of Business	Mailing Address
2471 MCMULLEN BOOTH RD SUITE 316 CLEARWATER FL 34619	2471 MCMULLEN BOOTH RD SUITE 316 CLEARWATER FL 34619-1351

3. Date Incorporated or Qualified: 07/14/1992
3a. Date of Last Report: 03/13/1996

4. FEI Number: 59-3102933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 26133 U.S. Hwy. 19 N.	26 26133 U.S. Hwy. 19 N.
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite 100
City & State 23 Clearwater, FL	City & State 28 Clearwater, FL
Zip / Country 24 34623-2019 / 25 USA	Zip / Country 29 34623-2019 / 30 USA

9. Name and Address of Current Registered Agent

KIEFER, NEIL G
% RIDEN, EARLE & KIEFNER, P.A.
100 2ND AVE S SUITE 400N
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: Neil G. Kiefer
82 Street Address (P.O. Box Number is Not Acceptable): 26133 U.S. Hwy. 19 N.
83 Suite 100
84 City: Clearwater, FL 85 Zip Code: 34623-2019

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Neil G. Kiefer 1/13/97
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KIEFER, NEIL G. 10451 LONGWOOD DRIVE LARGO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DIGIANNANTONIO, GILBERT 3717 WOODRIDGE PL PALM HARBOR FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST RANIERI, WILLIAM 4794 PEBBLEBROOK DRIVE OLDSMAR FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DROSTE, EDWARD C 1700 MCMULLEN BOOTH RD CLEARWATER FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, DENNIS 2826 KAVALIER DR PALM HARBOR FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition Dennis Johnson 32 Oak Avenue Palm Harbor, FL 34684
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] William Ranieri, Secretary 1/15/97 (813) 725-2551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #